

certain procedures in the event that an increase does occur in this city:

1. *Schools*.—A definite recommendation that schools remain open. Careful studies made throughout the country in cities opening schools and closing schools fails to show any increase in the incidence of the disease where schools are kept open. Therefore, the Director of Public Health reiterates that the closing of schools or opening of schools is apparently of no significance in the incidence of the disease.

2. *Serum Therapy*.—The Director of Public Health reiterates his position taken during the outbreak of 1934, namely, that the use of convalescent serum in adequate doses early in the course of the disease and *before* paralysis occurs may be of some benefit, but, because of the difference of opinion among authorities, its use should not in any way be considered obligatory, but should rest with the judgment of the attending physician. The Director of Public Health also approves of the use of blood transfusions as a permissive form of treatment in the bulbar type of disease. Because of the limited supply of this convalescent serum, its use as a prophylactic, either in contacts to cases of the disease or to the general public, is definitely contraindicated.

3. *Chemotherapy*.—The recent widespread publicity given to the use of zinc sulphate spray in recent outbreaks of poliomyelitis (infantile paralysis) throughout the country has caused considerable interest locally among parents, who, looking forward to a possible increased incidence of the disease on the Pacific Coast, naturally desire to avail themselves of any aid in preventing this disease. Doctor Schultz of Stanford University, by extensive experimental work, has demonstrated that one per cent solution of zinc sulphate, one per cent pontocain and one-half per cent sodium chlorid in distilled water is the best chemical spray, experimentally, on monkeys.

There is definite evidence that such preparations, when properly applied, will afford a remarkable degree of protection to *monkeys*. Whether this will follow in the case of the human being has yet to be determined. The use of this method must be strictly limited until the proper technique has been worked out, as the method of application is definitely unsettled at present. Attention is called to the possible side action of the local anesthetic, and the physician giving the treatment should be on the lookout for symptoms of poisoning. Attention is further called to the hazards of using a long-tipped atomizer in the vicinity of the cribriform plate. This method also is impracticable in the cases of small children, for whom the instillation of the solution in the Proetz position is advocated. It is particularly pointed out that any attempts of home medication are absolutely valueless. It may be deemed advisable to make a preliminary application of a substance such as ephedrin to shrink the mucus membranes before applying the zinc solution. The local anesthetic and the shrinking agent could be used together. The injections should be given once every two or three weeks, as determined by a returning sense of smell. No change in the constituents of the solution should be made without an investigation as to the experimental result on monkeys. It is recommended that the use of this solution be optional with the family of actual contacts to the disease. The treatments shall be conducted in centers to be determined at a future date. These centers will be under adequate supervision, and any physician who wishes to learn the technique can attend and be instructed by a proficient specialist. A record of all treatments given in these centers shall be kept and, in addition, there shall be a follow-up of the patients receiving the treatment. Zinc sulphate spray, if used at all, must be under the direction of a competent physician, with the understanding that it is used on an experimental basis only.

These suggestions are the result of a meeting of the Advisory Committee of the Department of Public Health on Acute Anterior Poliomyelitis at the San Francisco Hospital this day.

Sincerely,

J. C. GEIGER, M. D.,
Director of Public Health.

Concerning Industrial Accident patients.

Long Beach, September 4, 1937.

To the Editor.—At the last meeting of the Academy of Medicine of Long Beach, California, the matter was discussed of Compensation Industrial Accident cases. It was pointed out by several present that the patient does not have free choice of doctors, even though the law specifically states that he does have this right. Perhaps, just to call

attention to this difficulty, this resolution was passed, to be sent to your journal:

Resolved, That Compensation Industrial Accident cases should, as according to the law, have the choice of their physician.

Of course, it is true that some practitioners of medicine are not, perhaps, qualified to take care of any or all accident cases who might come into their offices, but the denial of this legal right, of choice of physicians at such a time, we have the feeling, does not find its origin in the inability of the doctors of the patients' choice of handling the case, but rather because of, what we suspect, as being prearranged agreements between doctors and certain employers, or agents of those employers, and who, of course, definitely violate both the letter and the spirit of the California State Compensation Industrial Accident Act.

Yours very truly,

J. R. SILVERTHORN, M. D., *President*.

PAUL SOUTHGATE, M. D., *Secretary*.

Concerning action by medical, dental, and pharmaceutical professions.

SOUTHERN CALIFORNIA RETAIL DRUGGISTS' ASSOCIATION, LTD.

Los Angeles, August 24, 1937.

To the Editor.—I received your August copy of CALIFORNIA AND WESTERN MEDICINE with an item marked "United Action by the Professions of Medicine, Dentistry, and Pharmacy."

This certainly hits the nail on the head and explains action that should have been taken years ago.

There can be no reason why these three allied professions should not work harmoniously together, and there was more evidence of this during the last session of our Legislature than at any time in the past.

It was a genuine pleasure to work with representatives of the medical and dental professions; and through our united efforts many very dangerous bills were defeated.

I plan to go to Chicago on Friday and later to go to St. Louis to attend the meeting of our National Association during the last week in September. After that date, when convenient to the medical and dental groups, I think it would be mighty fine if we could have a joint conference and not wait until something has happened.

There can be no doubt that attempts will be made again to pass a bill to provide for state medicine. This we can ward off if we are properly prepared.

Again thanking you, I am

Sincerely yours,

FRANK E. MORTENSON,
Executive Secretary.

Concerning clam quarantine order: State Board of Public Health.

September 13, 1937.

To the Health Officers:

Supplementing our mussel quarantine order of May 26, 1937, a quarantine of all clams from the ocean shore of California, extending from the southern boundary of Los Angeles County north to the California-Oregon boundary, with the exception of the bay of San Francisco, is hereby established.

All health officers and food inspectors are hereby instructed to enforce the provisions of this quarantine and to prohibit the taking, sale, or offering for sale, of clams gathered in the district specified. This quarantine order shall be effective until further notice.

Said action is taken for the preservation of the public health.

W. M. DICKIE, M. D.,
Director of Public Health.